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CLINICS.

CLINICAL LECTURE.

Clinical Lectures on the Various Risks of Operations.—By JAMES PAGET, F. R. S. (delivered at St. Bartholomew's Hospital).

Lect. I. Pt. I.—Students are always warned against a devotion to the operating theatre. And there is some wisdom in the warning; and it is very generally neglected. The reasons for liking to see operations are so many and strong, and, for the most part, so bad, that it is useless to argue against them. I will therefore try to turn to good use your taste for operations, by trying to provoke you to study a subject connected with them which is not less important than the art of operating—the subject, namely, of the influence of various conditions of patients on the consequences of operations performed on them. You hear me talk in

the wards of bad and of good subjects for operation, and of greater and less risks of life; and in one case I express fears of the effects of shock; in another, of erysipelas; in another, of slow and imperfect healing; and you may fairly ask to be taught what, in all these matters, I profess to know or believe. In this and some following lectures I will try to teach you: not because I can tell you more than is known by most of those who are largely engaged in surgery, but because I cannot refer you to any book in which you may learn nearly so much upon the matter as you ought to know.

The average risk of life from the effects of any surgical operation may be estimated from tables such as are published in our hospital reports. And, if an operation be frequently performed, the variations of its risk in each sex, and at different times of life, may be similarly estimated as averages.

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But it is not within the capacity of tables to supply the means of reckoning the variations of risk dependent on the great variety of personal conditions that we have to do with among the sick. Tables cannot yet tell the several or united influences of differences of constitution, of sound or unsound health, of diseases of internal organs, of race and temper and habits of life. Yet the question of the safety of an operation may turn on these very things. And not only of its safety, but of its utility; for there are some cases in which operations are improper, not because of the risk of life, but because the patients have such peculiarities of constitution, that they would suffer more pain, or loss of time or of health, from an operation than even the cure of their disease would justify. In short, you will find that, if you are to do more good than harm by operative surgery, you must acquire skill in detecting, and, if possible, amending, the defects of health which make operations unsafe or unsatisfactory.

Now, first we ought to have a good standard of health to which we might refer as the fittest for bearing operations. Such a standard is not to be found among those who, on some reckonings, might be taken for models of health—those, namely, who have excellent health for either pleasure or an active working life. These are not the best for recovery from operations. Amputations for injuries of limbs, which are, of course, performed for the most part on persons injured while in good health, are about twelve per cent. more fatal than similar amputations for diseases. And the apparent disadvantages of full health which this fact illustrates are to be seen not only in the greater mortality of similar operations, but in the manners and rates of healing of those who recover. You may see two amputations done on the same day; one, say, on a strong man whose limb has just been crushed; the other, on a man utterly enfeebled by old disease of a joint. And then you may not rarely see that the healing of the strong man requires a much longer time, and is interrupted by many more untoward events, than that of the weak one.

Do not let me, however, seem to imply by these facts that health is, in itself, a worse condition than disease is for recovery from injuries. It is far more probable that the comparative ill-doing of the healthy is due to their circumstances. They have to

bear the shock of the injury as well as of the operation; their mental distress is much greater than that of those who are relieved from disease; they are subjected to a great and sudden change of habits, and have to give up many of the customs by which they sustained the health that was fit for pleasure or for work. Especially, they have to give up the active mental and bodily pursuits in which they excreted largely the large refuse matter of their foods and tissue-waste.

But, however this may be, they from whom we might take standards of health for some purposes do not supply such standards for studying the consequences of operations. Where then shall we find the lowest rates of mortality and other mischiefs? Perhaps you may find them in a class whom you may often study here. We have a large number of printing-offices in the neighbourhood of the hospital; and every office employs many boys from twelve to sixteen years old; and hardly a week passes but we have one or more of these boys brought in crushed by the printing machines. Fingers, hands, and arms are thus mutilated; and I know no class of patients that recover more remarkably. Not only do they not die, but their wounds heal steadily and quickly; they escape erysipelas and spreading suppurations and secondary hemorrhages; and, often, when, to save any piece of a hand, we leave bits of skin that seem as if they could not live, they yet do live and grow good scars.

I know no class of persons who are better subjects for operations than these boys. As Mr. Callender has pointed out, our success with them brings us the credit of a very low rate of mortality in amputations of the upper extremity. You may, however, find individuals, whom I cannot classify, who do bear operations even better. For operations in boys are commonly followed by very sharp traumatic fever, which wastes and weakens them, though it rarely does more harm. But occasionally one meets with a patient in whom even a severe operation is followed by neither fever nor any other trouble whatever. I can give you no exact general description of such patients, but I believe you will find them among those who, except for some local disease requiring the operation, are of sound health, and whose disease, without disturbing their natural tranquillity of mind and constitution, has induced them to live as invalids, care-

fully and very temperately, never exhausting themselves. They are naturally cheerful, healthy persons, to whom an operation brings no great change of habits, but promises release from great unhappiness.

It may be only by a chance coincidence, but certainly I have found a considerable proportion of these tolerant patients among the subjects of cancerous and recurrent tumours.

Taking these as the best subjects for operations, and believing that the best possible recovery is one in which the wound heals without inflammation and without fever, we may speak of others as good, or not bad, or bad, or very bad—terms too ill-defined indeed, but as accurate as any knowledge of mine will justify me in using.

Among the various differences of patients, difference of age is probably that with which we may connect the most regular average difference in capacity to bear operations. I believe that after two or three years old, the increase of age is attended with a proportionate increase of liability to death and other ill consequences of operations. Our hospital reports and all similar tables will show you this; but there are many things within the general rule that you should learn.

Young and healthy children are chiefly in danger through the shock of operations, and they bear pain very ill—it adds much to the danger of the shock. But if the shock and pain be well passed, they are in less risk than older patients. Especially, they are singularly little liable to pyæmia after wounds—a strange contrast to their liability to it in association with acute necrosis.

But the chief interest in connection with age is in the cases of old persons, for among them are patients in whom nearly every risk of operations rises to its maximum. Nor will this seem strange if you consider how many disadvantages for the bearing of injuries old age brings with it. The longer a man lives after middle age, the more likely is he to have some organic disease, the more certain is he to have many degeneracies. Hence, to name but one source of trouble, the tardy circulation, and the various congestions due to mere sinking of the blood, not in the lungs alone, but in the liver and intestines and all other dependent parts—facts to be much considered in regulating the postures of old people after operations. But the extreme of unfitness for injuries you

may see in some of the poor old creatures on whom we are forced by glimmers of hope to operate for hernia. They are so near death that, temper it as we may, the least shock kills them.

But among the old there are even greater differences than among the younger in the ability to recover from operations; and age, if reckoned by years, is not the only thing in them that we must estimate. Years, indeed, taken alone, are a very fallacious mode of reckoning age; to a practised eye, looks are much less deceptive. Even among those old patients to whom you cannot impute disease you may easily, by their appearances, mark out some groups very different in their bearing of injuries. They that are fat and bloated, pale, with soft textures, flabby, torpid, wheezy, incapable of exercise, looking older than their years, are very bad. They that are fat, florid, and plethoric, firm-skinned, and with good muscular power, clear-headed, and willing to work like younger men, are not indeed good subjects for operations, yet they are scarcely bad. The old people that are thin and dry and tough, clear-voiced and bright-eyed, with good stomachs and strong wills, muscular and active, are not bad; they bear all but the largest operations very well. But very bad are they who, looking something like these, are feeble and soft-skinned, with little pulses, bad appetites, and weak digestive power, so that they cannot, in an emergency, be well nourished.

I have said that all the risks of doing badly are at their maximum in some among the old; but these are some of the risks for which they will always need your especial care. The old are, much more than others, liable to die of shock, or of mere exhaustion within a few days after the operation. They bear badly large losses of blood and long exposure to cold, or sudden lowering of temperature, or loss of food. Large wounds heal in them lazily; and hence a prolonged liability to secondary hemorrhage and other mischiefs of open wounds. Their stomachs, too, are apt to knock-up with what may seem to be no more than necessary food, though indeed it often is so; for many old people are in less peril with a scanty diet than with a full one. Their convalescence is often prolonged; and you may expect to meet sometimes with great disappointment in having your old patients die with some slight casual disease, as if

exhausted by the long expense of vital power in healing large wounds. They get all but well; and then, after seeming for some time stationary, they fade and waste and die. They fulfil what I have often told you of the diseases of the aged: that there are some to whom convalescence is more dangerous than disease.

These special dangers of the old will themselves suggest to you some special cares for them. You must choose for them, if you can, short and gentle operations; and be sparing of hemorrhage; and make wounds that may not lead to long suppurations. You must keep them warm, and not feed them beyond their real necessities, nor keep them long recumbent. Your cares must be doubled when your operations are on the lower limbs, or the lower part of the trunk, or on the back; for in operations on these parts the risks, both local and general, are much greater than in the parts above the heart.

In saying these things about the old, I have had in view only those patients who may call themselves "well for their age," and in whom you may find no signs of disease. Infirmities they have—degenerations and decays accumulated and perhaps premature, yet not diseases. Now let me add, that of all the conditions of disease or imperfect health of which I have next to speak as influencing the results of operations, there is no graver complication than old age, unless, indeed, it be habitual intemperance.

And first, as to the influence of various constitutions and chronic constitutional diseases, as I suppose them to be, unattended with any considerable organic disease, except that which requires the operation. Scrofulous patients, whether old or young, have, I think, no special liability to the fatal consequences of operations, except in so far as they are feeble and may die (though they rarely do) through slow exhaustion, or the gradual development of some internal organic disease. The relief from pain and the removal of irritations commonly seem more than enough to compensate for the shock and other depressing influences they are at first submitted to. They seem not very liable to pyæmia, erysipelas, or other of these sore plagues. All this you may see often enough in our cases of excision of joints; and in these same you may also see, better than in any others, what are the

defects of the scrofulous constitution in reference to recovery from operations. The wounds heal very slowly; the cellular tissue is apt to become very oedematous and "gummy;" the scars are thin, and often break down and ulcerate; the deeper cuttings become sinuous, with tedious discharges of thin pus, and wasting. In a word, the half-healed wounds are apt to become like scrofulous ulcers; and if the patients remain long uncured, their constitutional scrofula is increased by long confinement, and perhaps by hospital air.

Thus you may sometimes find (but it ought to be in a small minority of cases) that scrofulous patients seem to be, if I may so speak, made more scrofulous by the removal of a diseased limb or joint. And this is, no doubt, the explanation of some of the cases which have led to a belief often entertained, that the removal of scrofulous disease from one part induces its occurrence, or aggravates it, in another. There are, indeed, some cases in which the two events do seem to stand in direct relation. You may have seen last year a girl in Sitwell, whose forefinger was removed for scrofulous disease of one of its joints. The wound had scarcely healed before similar disease ensued in a knee-joint, which was sound before the removal of the finger. So, I have seen a patient, one of whose toes was removed for scrofulous disease; then a knee became similarly diseased, and the limb was amputated above it; and soon after this, caries of part of the spine ensued. Recovery from this last disease has been followed by no further outward appearance of scrofula.

The study of the relation of these successions of similar disease in different parts is one in which you may do good and gain honour; but the event is so far infrequent that, except in the intensely or the acutely scrofulous, you need not fear it. In the large majority of cases, especially the chronic cases, the removal of a scrofulous part is followed by improved health. Still, remember, the operation is finally effective only against that part; the patient may remain scrofulous, and may need the same constitutional treatment after, as before, the operation. Therefore, before you operate, make sure, if you can, that the patient, especially if he is old, is one who can stand prolonged confinement. Have this in mind when you have a choice between two or

more operations; and after the operation take care that the patient's general condition is helped with fresh air and fit food and cleanliness, and all other good means that you can provide.

The scrofulous patients of whom I have been speaking are such as may be considered very liable to tuberculous disease, though having none actually present—at least in any internal organ. Of the actually tuberculous I will speak hereafter, especially in relation to the risks of those who are phthisical. But now to speak of others.

You will sometimes have to operate on syphilitic patients; and you will find them not bad subjects, except in so far as their syphilis may have made them very feeble or cachectic, or, in rarer cases, may have affected their internal organs.

Incisions through, or within the range of contact of, inoculating sores, will be inoculated, and become chancreous; but I have seen no worse mischief than this in those with primary syphilis. I am not sure that I ever operated on any one with active secondary syphilis; but I have done so in many who have had sores of tertiary syphilis, and have afterwards had renewed tertiary symptoms. But they recovered as well as any other patients of equal general strength, and none of the wounds became like syphilitic ulcers.

In this respect, indeed, the contrast between scrofula and syphilis, as affecting the consequences of operations, may seem very striking; but I suspect that, in a larger number of cases than I have had, some wounds would become seats of syphilitic disease, for it is not rare to find cases in which nodes and necrosis and tertiary ulcers have had their origin in blows and other rough injuries done to syphilitic people.

I have never had occasion to operate on a patient with acute rheumatism. In those with chronic rheumatism, or subject to it, I have seen no mischiefs that could be ascribed to their constitutional defects.¹

Of the gouty, in reference to their capacity to bear operations, I think that much worse has been said than they deserve. I have, in at least three instances, seen patients at-

tacked with acute gout shortly after capital operations; and the progress of good recovery was in none of them impeded. One of these cases was that of a fat, plethoric, active man, from whom I cut out a cancerous breast. On the next day gout set in with a furious severity—worse than he had ever had it; yet his wound healed, and he recovered from all the effects of his operation as well as any healthy person could have done.

I have seen no greater troubles in patients whom I have known to be subject to gout or born to it; and I therefore believe that the disrepute of gout for making men unfit for operations is due to the fact that, as gouty people grow old, they become sooner and more certainly than others subject to degeneration of the kidneys, heart, arteries, and other internal organs. These, and not merely gouty disposition or constitution of the blood, impair their power of bearing injuries and operations. Look sharp for these organic defects and avoid them, and then I believe you will find your gouty patients as fit for operations as others of the same ages and habits of life, provided, of course, that you correct, as far as you can, any actual disturbances of function.

Cancerous patients are certainly not bad subjects for operations, or, at least, not worse than others of similar age and general condition. Many, indeed, being operated on in the early stages of the disease, are, for their age, in a full average of general good health; and even in those on whom operations are advisable though they are cachectic, it is often remarkable how well their wounds heal, and what a revival of power they display.—*Lancet*, July 6, 1867.

Clinical Remarks on Cases of Joint Inflammation.—During the month of March there presented themselves at the Charing-Cross hospital an unusually large proportion of acute and subacute joint inflammations, the larger number of these being rheumatic and arthritic. In pointing out this fact to his class a few weeks since, Mr. BARWELL made the following remarks:—

“The large proportion of synovitic cases that we have seen to-day and for some days past cannot fail to have impressed you; and that peculiarity of the time must, I think, be ascribed to the inclement weather, and especially to damp combined with cold. We had no run upon joint cases during the

[¹ However true this may be as regards general operations, we have not found it so in operations for cataract. According to our experience, those who suffer from chronic rheumatism, or are liable to attacks of rheumatic gout, or gout, are very unfavourable subjects for the latter operation.—*ED. MED. NEWS.*]

dry frosts of January; the damp warmth of February brought forth crops of boils and carbuncles; and the cold, raw, wet of this month of March has produced a disproportionately large number of rheumatic and rheumatoid affections. I make these remarks because it does not appear to me that sufficient attention has ever been given to the meteorology of disease. No sort of practice gives so extensive a field for observation as a great out-patient department, and I have for years past observed fluctuations in the class of cases to attend diversities of weather.

"But now I wish to call your attention to some peculiarities in my treatment of different cases. You will have observed that after the violence of inflammatory symptoms is subdued and that little pain with a certain amount of swelling is left behind, I order, in some, the smaller number of cases, applications of iodide and bicarbonate of potash; but in others, the larger number, I combine in different proportions iodide of potassium and iodide of lead; for I find that of all absorbent applications, the iodide of lead is probably the most potent in cases of strumous and rheumatic thickening, but it must always be used with care, especially as it acts upon the gouty diathesis as a direct poison.

"Dr. Garrod has described, in his work on Gout, 'the influence of lead as a predisposing cause of gout,' (p. 281, *et seq.*) I find, however, an important converse to this view—viz., the influence of gout as predisposing to lead-poisoning. The first notice which I received of this fact was in private practice. A gentleman for months laid up with gout, and tired of being overdosed with colchicum, sent for me. I ordered, among other things, an application to the foot, consisting of two parts of iodide of potash and one of iodide of lead. Next day—i. e., in twenty-four hours—he had symptoms of lead-poisoning, by no means slight, and the blue gum line well marked. This fortunately gave me a clue in another case I then had in hand, of a gentleman who always fell ill after residing some days in his town house. He was the only one of the family who suffered. These illnesses were all alike, and his stay in town was always terminated or closely followed by a fit of gout. Having been given the strong hint above mentioned, I thought I could trace somewhat obscure symptoms of lead-poison-

ing, and on examination the water was found to contain lead. Since the cisterns, &c. have been changed, this regular sequence of events has ceased.

"Now you will observe that if any signs of gout are detectable in your patient, you will avoid the use of lead, and you may substitute a drug which in these cases is more useful—viz., the bicarbonate of potash, which has a chemically solvent action on gouty chalk-stone. You may apply the materials in solution. Let lint dipped into the fluid be placed round the joint, and over this oil-silk; or, if your patient be in bed, put a thick layer of wadding over the wetted lint, and confine the whole with tolerable pressure by means of a roller. The heat will add to the rapidity of absorption, and you will find this mode of application very efficient."—*Lancet*, May 1, 1867.

HOSPITAL NOTES AND GLEANINGS.

Suppuration of Knee-joint; Articulation laid freely open; Recovery.—J. L., æt. 14, was admitted into St. Bartholomew's Hospital, under care of Mr. Holmes Coote, April 1, 1867, with extensive suppuration around, but not involving, the knee-joint, following the prick of a pin eleven days previously. She had a somewhat anxious expression; rather rapid pulse; and furred tongue. She suffered a great deal of pain in the knee. At the time she pricked her knee, she did not take much notice of it, and continued her household duties as usual. From her description, the pin seems to have entered just below the joint. She was ordered nourishing diet, stimulants, bark, and ammonia. A free incision was made, and a large quantity of pus evacuated, with great relief to her symptoms. In spite of this, the suppuration extended, and was followed up by other incisions.

Five days after admission, there was noticed some slight effusion into the joint, with an aggravation of pain. This effusion gradually increased until the fourteenth day after admission, when the knee was very considerably swollen. There was also great swelling and tenderness extending half-way up the thigh. She was at this time in a very low hectic condition, and amputation was contemplated, when Mr. Coote, as a last resource, made a large incision four inches in length, freely opening up the joint on its

outer side. Five ounces of pus were evacuated. She did not get much better for a few days; but, after that, the suppuration began to decrease, her general condition became better, and the appearance of the knee much quieter. From this time, she gradually improved, and the incisions healed up.

She now (June 26th) has the limb encased in stout leather splints, and walks about with the aid of a stick. There is a little movement in the joint.

The great feature in this case was the laying freely open of the joint; for, if this had not been done, amputation through the thigh must have been the almost inevitable consequence, which would have exposed the girl's life to great danger, to say nothing about the loss of the leg. As it was, the danger to life was not only avoided, but she has recovered with a limb which will, in all probability, be eventually little inferior in utility to the other.—*British Med. Journ.*, Aug. 3, 1867.

Hæmatemesia in a Child aged Three Years and Ten Months.—Hæmatemesia is of such rare occurrence in young children, that the following case, for the particulars of which we have to thank Mr. Sydney C. Austin, deserves, we think, to be placed on record. The child had been so very ill-fed, that his blood had become considerably impoverished and a scorbutic diathesis had been engendered, to which Dr. Sieveking was inclined to ascribe the hemorrhage.

Charles Dickenson, aged 3 years and 10 months, was admitted into St. Mary's Hospital on June 15th, 1867. His mother stated that he had diarrhoea for a fortnight, and passed blood in the motions until the 11th of June. The child was excessively weak; and, as she was very poor, she could not get nourishment for him—in fact, she and her children had been half-starved for some time. On June 12th, after taking some tea, he was very sick, and vomited about an ounce of dark blood. The vomiting continuing after every meal, she brought him to the hospital.

Soon after his admission he vomited a small quantity of bright blood. He was very much emaciated, and very restless. Pulse 110. The tongue was coated with a dark red stain in the centre of the dorsum, which disappeared in a few days. A mixture was ordered to be taken every four

hours, containing ten minims of dilute sulphuric acid, with a drachm of syrup, and three drachms of pimento water. He was directed to have simple diet, with isinglass-jelly, iced milk and broth.

June 16. He was better to-day. He still vomited after both liquid and solid food. The quantity of blood was very small. There was pain on pressure over the epigastrium. The child did not sleep, crying a good deal. Two minims of tincture of opium were added to each dose of the mixture.

17th. He slept well in the night. He brought up about six drachms of dark blood this morning after breakfast. The tenderness over the epigastrium was increased. Pulse 114.

18th. There was less tenderness on pressure. He still had vomiting; but the quantity of blood was very small.

19th. There was no pain in the epigastrium. There was vomiting still; but no blood at all to-day.

20th. He was much better; more cheerful. He kept his breakfast down, and only vomited once during the day—no blood. Pulse 109. The acid mixture was discontinued, and a powder of a grain of tannic acid and five grains of sugar ordered to be taken three times a day; he was ordered one drachm of cod-liver oil three times a day.

21st. There was no vomiting to-day. He asked for more food.

23d. The powder was discontinued. Half ordinary diet was ordered. He had no sickness.

26th. He went out quite well, having gained flesh considerably.—*British Med. Journ.*, Aug. 3, 1867.

Amputation through the Forearm; Wound Healed by Primary Union.—It rarely happens that amputation wounds heal deeply by primary union, although adhesion of their edges is not uncommon. To avoid suppuration in compound fractures and other wounds, a dressing of carbolic acid has been resorted to with great success by Mr. Lister; and Mr. Syme has lately been advocating torsion of arteries with a similar object in view. The following is an unusual instance of primary union, independently both of carbolic acid and of torsion, the arteries being ligatured in the usual way.

E. M—, aged seventeen, a healthy-

looking female, was the subject of a compound comminuted fracture, with excessive bruising of the hand and lower part of the forearm. The injury had been inflicted by the passage of a railway engine over the limb. Amputation at the upper third of the forearm, by double flaps—the posterior of integument only, the anterior compound—was performed on the 19th of June. The raw surfaces of the flaps were carefully dried, and kept in apposition by a thick compress of lint applied over each, and held in position by a bandage. Three or four wire sutures were used, and the face of the stump was left open. Some swelling and redness of the stump followed, with slight sympathetic fever; but, with the exception of the track of the ligatures, the flaps united primarily. On the 6th of July the deep parts of the stump were quite sound, and the edges of the flap nearly cicatrized.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Child Weighing Fifteen Pounds.—Dr. CLEAVER, and McELROY, of Lebanon, Ky., write us that they have recently delivered a coloured girl sixteen years of age, of a child weighing fifteen pounds; breech presentation; both mother and child are doing well.

Medical College of the State of South Carolina.—Dr. James Moultrie, Prof. of Physiology, and T. G. Prioleau, Prof. of Obstetrics, who ably occupied their respective chairs from the foundation of the school, have resigned. Dr. F. M. Robertson has been elected to the chair vacated by Dr. Prioleau. Dr. R. A. Kinlock has been elected Prof. of Mat. Med. in place of the late Prof. Frost, who we believe occupied the chair from the foundation of the school until his death.

The next course will commence on the 4th Nov. 1867, and continue until the first Saturday in March, 1868.

Medical College of Virginia.—From the catalogue of this school, which has been politely sent us, we find the number of matriculants during the Session of 1866-67 was 60, and that at the commencement held on the 5th March, 1867, the degree of M. D. was conferred on 20 candidates.

Medical Department of the University of Louisville.—It appears from the announcement of this school, now before us, that the number of matriculants during the session of 1866-7 was 164, and at the commencement, held Feb. 6, 1867, the degree of M. D. was conferred on 44 candidates.

The next session will commence on the second Monday in October, and continue until the 1st of March, 1868.

The Humboldt Medical Archives.—We have before us the prospectus of a new Journal, the first No. of which is to be issued at St. Louis, Mo., in September, 1867. It is to be a monthly, and to be under the editorship of Drs. A. Hammer and Montrose A. Pallen. St. Louis will then have three medical journals.

Result of Consanguineous Marriages.—At the late meeting of the "Medical Society of the State of New York," it was resolved: "That a Committee be appointed to investigate and report upon the result of consanguineous marriages, &c." The committee has issued a circular, soliciting replies to the following questions, and requesting the replies to be forwarded before November next, to the undersigned, one of the Committee appointed:—

1. Name (initials) and age of HUSBAND.
2. Nativity.
3. Age when married.
4. Constitution.
5. Health, deformities, peculiar diathesis.
6. Health of his family, hereditary diseases, deformities, &c.
7. Name (initials) and age of WIFE.
8. Nativity.
9. Age when married.
10. Constitution.
11. Health, deformities, peculiar diathesis.
12. Health of her family, hereditary diseases, deformities, &c.
13. How are the parties related to each other?
14. How long married?
15. How many children, or sterility?
16. Abortions; cause; how many, and at what period?
17. Children died, at what ages and from what diseases?
18. The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, &c.
19. Remarks and other information.

ROBERT NEWMAN, M. D.,

118 W. Houston St., New York.

New Sydenham Society.—We again invite the attention of the profession to the publications issued by this society, which

was instituted for the purpose of supplying certain acknowledged deficiencies in the existing means of diffusing medical literature. Works of a *practical* character and of *permanent* value are selected for publication.

All the works issued by the society from 1859 to 1867 (35 vols. including 28 vols. bound in cloth, and 7 fasciculi of the atlas of skin diseases, life size) can be obtained for nine guineas.

The volumes for 1867 will be as follows:

- I. Griesinger on Mental Diseases.
- II. Biennial Retrospect of Medicine and Surgery.
- III. Fasciculus of Atlas of Portraits of Diseases of the Skin (colored plates).
- IV. Hebra on Diseases of the Skin. Vol. II. Richard J. Dunglison, M. D., 1116 Girard St., Philadelphia, Honorary Local Secretary, will receive subscriptions and forward the works to subscribers.

Annual Subscription \$7.50, in advance, (the duty, &c. payable on arrival of the vols., amounting to about \$2.50 additional.)

OBITUARY RECORD.—It is with profound regret that we have to record the death on the 19th of August, of Dr. J. MASON WARREN, of Boston, in the 56th year of his age. His life was cut short by internal cancer complicated with intussusception.

Dr. J. Mason Warren was the third of a race of eminent surgeons. His father, John Collins Warren, long occupied the first place among the surgeons of New England, and the son fully maintained the reputation of the father.

The following address and resolutions presented at a special meeting of the Suffolk District Medical Society, by Dr. O. W. HOLMES, express so eloquently and justly the claims of Dr. Warren to our esteem, that we transfer them to our pages from our contemporary, the *Boston Med. and Surg. Journ.*, August 22.

"A little more than ten years ago some of us, and some who are no longer with us, met to do honour to the memory of John Collins Warren, who, having filled the measure of his days, had yielded to the summons which no art can delay beyond its appointed hour. It seems to us too soon to roll back the stone from the mouth of the sepulchre that received the father, to admit the son. He was still in the years of ripe but not decaying manhood. We should

have asked that his life might have been prolonged like his father's so that he might have seen the near approach of the twentieth century. But God knows best when he has done with his servants, and though our friend was called away before the evening shadows had closed around him, he had done a full day's work when he found rest from his earthly labours. It is not for him that we would have asked length of days to be his portion, but for those whom he has left, who find it hard to lose the years they had hoped remained for him.

For nearly thirty-five years I have known Dr. Mason Warren, at home and abroad, as a student and as a practitioner, professionally and socially, as a companion and as a friend. I have studied with him, consulted with him, travelled with him; we have worked together and enjoyed many pleasures in each other's company. The record that I can here trace of him must be very brief, but it is one that will only do him honour.

His health was somewhat impaired during his residence at college, so that he was unable to complete his academic course, which would have made him a graduate in 1830. He therefore began the study of medicine in advance of those who were before him in college, and when I reached Paris in 1833, I found him already established there as a student, having taken his medical degree in the previous year. He was no longer an invalid, though never very robust, but laboured as diligently as the strongest, and took a part in every social enjoyment with his young companions.

In Paris, in London, wherever we found ourselves, he never for a moment lost sight of his great object—to qualify himself for that conspicuous place as a surgeon which was marked for him by the name he bore and the conditions to which he was born. This was his constant aim in the hospitals which he assiduously followed, in the museums which he faithfully explored. In the society of the distinguished practitioners to whom he had access and to whom he often introduced his less favoured friends, though always at his ease, and good company for any he might meet, he was still listening and learning. He was often playful; he had a delightful vein of humour, he was a pleasant narrator of incidents, he was genial and hearty, as if he lived only for society, but he could not be long turned

aside from his serious and manly duties. This is the reason why he took his place so soon and so easily on his return, and not merely because a place was ready for him. It demanded no small qualifications to fit a man to bear up the name of Warren in the third generation, and never to allow it to sink below the standard mark.

We who knew this laborious man loved him, because he was kind and good and natural in all his ways. I do not remember that any one of us, even of those who travelled with him—and travelling in company is the touchstone of infirm tempers—ever had a hard word with him. Yet he was what we should have called a man of a high spirit, and there was some fiery blood in his veins, such as Joseph Warren shed in that fierce *mêlée* which opened the war of the Revolution. He was so well bred, so uniformly courteous, that none but a churl would have found it easy to make a quarrel with him, and the churl would have seen that there was a strong manhood beneath his good nature that would not be safely tampered with. And with his good nature he united that good sense which a wise man has said is rarer than genius.

His labours in the profession will be long remembered. This generation will miss his great experience and his cunning hand; those coming after us will often hear his name joined with those of his distinguished father and grandfather, as constituting an unbroken line of hereditary excellence such as history but rarely shows.

It has been most happy for his fame that he lived to complete that noble volume containing the record of his surgical practice, which bears the date of this very year 1867. How full of valuable observations, plainly and simply told, for he made no unnecessary show of words in telling the most startling cases that came before him, this important work is, many of you know well. Almost everything which has been dared in surgery is there set down from his own experience. No matter what the gravity of the case, or the brilliancy of his success, whether the tying of both carotids or the extirpation of the upper maxilla, or amputation at the hip-joint, it is all told without expletives, without notes of admiration, in all the dignity of true science—told as the engineer describes a section of the earth, as the astronomer describes the transit of a star.

It would have been a pang to part with such a man, even when age had dimmed his eye and relaxed his strength; it is very hard to relinquish him with so much seemingly in prospect for him and through him for us.

But he has left us, we trust, for a serene sphere of being, and we seek our first solace in giving expression to our grateful recollections and our fond regrets.

I venture to propose to the Society the following Resolutions:—

Resolved, That by the death of Dr. J. Mason Warren, its late President, and associate from the time of its foundation, this Society has been deprived of the counsel and the friendly presence of a member at once honoured and beloved, who brought a sound knowledge, a large and wise experience and an ever willing helpfulness to its deliberations; who added liberally to its usefulness from the ample records of his practice; whose native dignity of character was so joined with engaging social qualities that he was always respected as a man and always welcome as a companion.

Resolved, That to the medical profession of this city and of this State the death of Dr. Warren, one of the most widely known and valued practitioners counted upon its rolls during the present generation, is a loss which will be deeply mourned by all its members; that his memory will be cherished by them as that of a fellow-laborer whose life was one long work-day of professional duty, and who yet found time to make many important contributions to the literature of a calling which he practised with a skill and success worthy of the illustrious name he bore.

Resolved, That the medical profession of this country and the great body of the healers of men throughout civilization have lost from their ranks one who honoured their occupation by his personal character and bearing, who enriched their art by his invention, who illustrated its possibilities by his prudent boldness, who served its interests faithfully in life and bequeathed to it a record of experience full of instruction, which will be studied with profit, not only here and in our own day, but by students of other lands and in after times.

Resolved, That the members of this community, in the midst of which Dr. Warren has, for many years, exercised his beneficent office, have been deprived by his

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death of a counsellor of whom it is enough to say that he was to them what his father was to their fathers, what his grandfather was to their grandfathers—a master to control the resources of his art, a servant to obey the call of humanity.

Resolved, That this Society feels, and would desire respectfully to express, the profoundest sympathy with the family of its associate, our departed friend, and that it would place these words of heart-felt tribute before them, not as adequate marks of regret, but as an assurance that the grief of those nearest to him whom we cherish henceforth in our memory is shared by a wide circle of friends, who know how sorrowful the home must be which has lost one so worthy of love and honour."

FOREIGN INTELLIGENCE.

Death from Chloroform.—We read in the papers that an inquest was held at Manchester on Monday, on the body of a boy named John Arnold, eight years of age, whose death took place in the Eye Hospital. On Friday, the boy underwent an operation for squint, having chloroform administered previously; and in about two hours afterwards he expired. The verdict was, "Died under the influence of chloroform." These slow deaths from chloroform, of which this and the death recently recorded at University College Hospital are examples, seem to us of vast importance for the comprehension of the pathology of chloroform-death; and it would be very desirable that a careful medical account should be given of them.—*British Medical Journal*, July 13, 1867.

Vaccinations and Revaccinations with Lymph from the Cow.—M. HUSON, the Medical Director of Public Assistance, has given an account of the numerous trials he has made in the Paris Hospitals, where vaccinations and revaccinations have been frequently performed with the lymph taken directly from the cow. For fifteen months—from January, 1866, to April, 1867—heifers have been brought periodically to the various hospitals, and the number of vaccinations during this period amounted to 9316—viz., 1392 adult men, 2475 adult women, and 5449 children—not counting 803 foundlings also vaccinated during the same period. Of these 9316, 3589 (38.53 per cent.) were successful, 4576 (49.12 per

cent.) failed, and 1151 (12.35 per cent.) were doubtful. Analyzing these figures further, it was found that among the adult men there were 16.45 per cent. successful vaccinations, 71.77 per cent. unsuccessful, and 11.78 per cent. doubtful. Among the women there were 17.37 per cent. successful, 74.42 per cent. failures, and 8.21 per cent. doubtful. Among the children there were 53.77 per cent. successful, 31.84 per cent. unsuccessful, and 14.39 per cent. doubtful. At the Academy of Medicine the successful cases of vaccination in children vaccinated from the cow amounted to 61.82 per cent., and in those vaccinated from arm to arm to 60.53 per cent. Various public establishments besides the hospitals have had vaccination from the cow performed upon their inmates, and it has become very general in private families. M. Lancix himself is stated to have practised 9112 vaccinations, 46:8 of the number in public establishments; and he has also charged 18,000 tubes with lymph. For the whole of his supplies he has required 400 heifers.—*Med. Times and Gazette*, August 10, 1867.

Death from the Entrance of Air into the Veins of the Uterus.—Prof. OLSHAUSEN relates a case in which, during parturition, the cervix not dilating rapidly enough, the uterine douche was applied. It was used three times, and about eight minutes after the last application, the patient complained of difficulty of breathing, suddenly rose straight up in bed, and then fell, and after a few convulsive efforts died. Emphysematous crepitation could be produced by pressure on the abdomen. At the post-mortem examination a considerable quantity of air bubbles was found in the coronary veins of the heart. The small quantity of blood contained in the right heart was very frothy. The womb crepitated on pressure; the surrounding vessels were filled with air bubbles, as also the ascending vena cava. The two placentae (it was a case of twins) were detached, and one of them formed with the interior wall of the uterus an inflated pouch.—*Medical Record*.

Bacteria and Hooping-Cough.—At a meeting of the French Academy on Monday, the 5th inst., M. GUIRETTE presented a note in which he described the results of a microscopic examination of the watery vapour exhaled by persons suffering from

hooping-cough. He stated that in all cases where he had examined the vapour under the microscope, he found it to contain bacteria in immense numbers. The bodies he described as such were more or less fusiform, and measured about the two-hundredth of a millimetre in length and about the three-hundredth of a millimetre in breadth.—*Med. Times and Gaz.*, Aug. 10, 1867.

A New Fungus found in Cholera Evacuations.—Dr. OTTO WILH. THOMÉ, of Coulogne, states that he has succeeded by microscopic examination, and by cultivation of cholera dejections, in discovering a parasitic plant, which was very abundant in all the cases he examined, and which exerted a peculiar diorganizing influence on the epithelial cells. He thinks it not too bold to suppose that *this is the cholera poison*; although he admits that this supposition is not yet confirmed by experiment—as by introducing the plant into the food of animals and observing the effects. He conceives it impossible to do this satisfactorily, as we possess no means of separating the minute organisms from the fluid in which they are present, and we could not be certain that the poison was not in the fluid rather than the organism. The plant belongs to a genus and species hitherto undescribed.—*Edin. Med. Journ.*, May, 1867; from *Virchow's Archiv*, Feb. 1867.

Successful Inoculation of Tuberculous Matter.—M. COLIN has just presented to the Academy of Medicine of Paris, an elaborate report on M. Villemain's labours touching the transmission of tuberculosis by inoculation. M. Colin repeated several of the experiments upon animals, and was completely successful—so much so as to induce him to ask the Academy to compliment M. Villemain on his investigations, and to request him to pursue them with the same care and ingenuity he has hitherto displayed. This high approval opens a new field to pathological research; it will aid us in ascertaining whether phthisis is contagious (as is believed in Italy) or not; and perhaps it may lead, what is earnestly to be wished, to effectual therapeutical application.—*Lancet*, July 27, 1867.

Spontaneous Division of a Vesical Calculus.—M. Guéniot, who has been tempo-

rarily intrusted with the wards of the late M. Civiale at Necker, has presented to the Society of Surgery an interesting pathological specimen taken from the body of an old man of eighty-three. For two years the patient (who is now dead) used to pass in his urine fragments of stone, which have been preserved. This spontaneous division of a vesical calculus is of rare occurrence, and M. Guéniot said that Civiale during the course of his long career had only noticed two other instances of this fact. The influence of diet could not have brought on the occurrence in this particular case. Three calculi were found in the bladder; two of them were unimpaired, and the third was on the point of division. The bladder was partitioned into two distinct sacs, one on the left and the other on the right. The calculi were found in the left purse, and this part of the bladder was in immediate contact with the left iliac vein, which was inflamed. The rubbing of the calculi against the vessel through the walls of the bladder evidently brought on phlebitis, and gave rise to phlegmasia alba dolens, which proved fatal.—*Lancet*, Aug. 3, 1867.

Syphilis in a Bottle Factory.—M. DECHAUX, in a recent number of the *Gazette Médicale de Lyon*, gives an interesting narration of the propagation of syphilis by the mouth at a bottle factory to which he is attached, at Montluçon. It seems that the glass-blowers at such establishments are of a nomad character, wandering from factory to factory in search of work. One of these men, not having the best of reputations, had vainly sought for employment, having been rejected at various workshops. At last, the workmen at Montluçon, touched by some sonorous phrases, such as "he demanded the sacred right of labour in the name of that necessity which had so long weighed him down," agreed to allow him to join one of the working parties into which the employés are divided, his business being to commence blowing the bottles, and handing them to others to continue the same operation, so that they passed hot and moist from his mouth to the mouths of his neighbours in rapid succession. At the end of the first week four workmen had bad mouths, and next week four others, and a little later two more. As soon as any suspicion was excited, the man was submitted to examination by M. Dechaux, avowing that he had

had syphilis a long time since, but had been effectually cured of it in the hospital. On examining his mouth nothing abnormal could be perceived save a small crack on the lower lip, unaccompanied by induration, and a common enough appearance among glass-blowers. The workmen on their part instituted an examination, and they as well as the Doctor pronounced him free from any disease prohibitive of his working with them. Still the men above alluded to exhibited chancrous sores at the commissures of the lips and other parts of the mouth and throat, and enlarged submaxillary glands. A more searching examination of the man's prior history now discovered that during the last four years he had infected workmen in the various bottle factories he had entered, and had been driven from them; and that, in fact, the disease was seated in the nose, the bones of which were the seat of caries, giving rise to fetid supuration. And yet this man, carrying this poison about with him, was allowed to enter factory after factory, for, says the narrator with abundant naïveté, "had the nature of his complaint been inscribed on his *forehead*, it would have infallibly prevented his getting employment." However, in consequence of such delicacy, the workmen who had accepted him as a partner became the subjects of chancres of the lips, these, in five of their number, reaching the size of one or two franc pieces, and being attended with inflammation, swelling, and induration. They continued in their acute stage for about twenty days, and were not entirely removed until from thirty to sixty days—suspicious-looking ulcerations reappearing in some for a still longer period. In all there was induration of the submaxillary glands, which lasted for from forty to ninety days. In five of the cases the throat was affected, in six there was cutaneous syphilis, and in four pustules or vegetations about the anus. As may be supposed, the health of some of these workmen (eleven in number) was very seriously damaged, and in none of them could work be resumed from forty days to three months. In two instances in which it was attempted too soon, the disease was communicated to others.—*Med. Times and Gaz.*, July 20th, 1867.

The Trephine among the Incas.—At the last meeting of the Academy of Medicine, M. Broca laid on the table an interesting

frontal bone, which had been removed from one of the tombs of the Incas at Cuzco, Peru—tombs which existed prior to the expedition of Cortez. It bore undoubted signs of having been perforated with the trephine; and although the great antiquity of the operation of trepanning has been well established, yet of its performance by the older nations of the New World we had hitherto no indications. The aperture is situated on the left side of the bone, and the condition of the surrounding bone does not admit of a doubt that the operation was performed during life. M. Nélaton is of opinion that the individual must have lived from a week to a fortnight subsequently. A white spot, and the greater porosity of this portion of the bone, would seem to indicate that the process of necrosis was about to be established. There is no trace of fracture, and the probability is that the operation was executed for an internal lesion, which would imply a somewhat advanced stage of surgical diagnosis. The internal table exhibits a porosity and inequality not seen at the outer table, and which give rise to the suspicion that a collection of matter might have existed. The hole is of about the same size as in the ordinary operation, but it is quadrilateral in place of being round. A careful examination of the edges of the aperture leads to the conclusion that it was not executed by any special instrument, but by means of a knife, graver, or chisel.—*Med. Times and Gaz.*, July 20th, 1867.

Cholera in Montenegro.—The Austrian journals give us the most melancholy accounts of the progress of cholera in Montenegro. The whole country has been seized with panic, and the inhabitants have assumed a position of defence, which is not unlike what has been witnessed during the plague. Prince Nicholas and his family and physician have fled to Venice or Paris, and the archimandrite has followed in his sovereign's footsteps. Meanwhile the unfortunate inhabitants have lost their harvest through a season of intense drought and heat, and are being swept away with terrible rapidity by cholera. Pestilence and famine have assailed them simultaneously. Unaffected villages are surrounded with sentries, and infected intruders are instantly shot. In the district of Herzegovina, with a population of 32,000 inhabitants, there have been no less than 1800 cases of cholera. The

dead are thrown out into the highways, and become the prey of ravenous dogs; and as yet little has been done to stay the epidemic or to reassure the people. One is horror-struck to think that scenes such as these are occurring within a few thousand miles of our shores, and that nothing is being done either to abate the pestilence or to prevent its extension. Already one of the terrified inhabitants has carried the cholera into Trieste, and no doubt there will be other instances of a similar nature. The picture is a painful one, and it ought to be a warning to us to watch the progress of cholera now in Europe, and to exercise an adequately protective quarantine over all vessels arriving from infected ports.—*Med. Times and Gazette*, July 27, 1867.

Monomania Incompatible with Testamentary Capacity.—In his judgment delivered in the case of *Smith v. Tebbitt* and others, Sir J. P. Wilde affirmed, we believe for the first time, the principle that monomania is incompatible with testamentary capacity. Whether this doctrine will be accepted as a canon in law remains to be seen.—*Med. Times and Gazette*, August 10, 1867.

Apitude of Races.—MR. FARRAR, in a paper on this subject in the *Transactions of the Ethnological Society of London*, vol. v., points out that, with the exception of Madeira, the Azores, and a few other islands, there is hardly a single country which, when first discovered, was found destitute of inhabitants; and it is a very remarkable fact that every race, including even some of the semi-barbarous, tell us, in their far-reaching traditions, of other races who preceded them, and whom they found inhabiting the countries to which they came. The Greeks and the Romans never attempted to conceal that their lands were won by victorious immigration. The Egyptians spoke of the gigantic and shadowy races, the *Néxus*, as they called them, who preceded that line of demi-gods which reigned before the first Pharaoh. The Arabians regarded themselves as successors of the genii. The Canaanites, as we know from Scripture, ousted and almost exterminated the Nephilim, Rephaim, Anakim, and other antediluvian races. The Aryans confessedly won Hindostan by expelling from it those previous tribes which they contemptuously represent as monkeys, demons, or savages, with whom, however,

they probably intermarried, and of whom traces are still to be found. According to Fa Hian, the Chinese traveller, the first people in Ceylon were demons and dragons, who are probably intended for the original Yakkas. The North American Indians do not claim to have made the vast mound temples and tumuli which occur on many of their plains and river valleys, but attribute them to an antecedent race. The natives of New Zealand say that on arriving they found there an inferior people, whom they hunted down like wild beasts. Britain was once occupied by cannibal savages, who were ousted by the Kelt, and who appear in various early traditions as ghosts or giants. Mr. Farrar considers all these races, who appear in the traditions of all but the most barbarous nations, to have been the squalid primeval allophylians, whose relics, consisting of half-gnawed bones and coarse implements of flint, have been found so abundantly of late years in fluvial deposits and stalactite flooring of deep caves, but respecting whose origin nothing is known, except that they lived on the earth with the mammoth and the elk, the cave hyena and the cave bear, for long ages before the first civilized races had appeared upon the globe. Mr. Farrar proceeds in his argument, and points to many existing and surviving representatives of such tribes. "Such (he says) are the tallow-coloured Bojesmen, who, when not living on worms and pismires, are glad to squabble for the putrid carcass of the hyena and the antelope; the leather-skinned Hottentot, whose hair grows in short tufts like a worn-out shoe brush, with spaces of scalp between; the degraded, gibbering Yamparico, whose food consists of vermin; the aborigines of Victoria, among whom, new born babes are, when convenient, killed and eaten by their parents and brothers; the Alfores of Ceram, who live in families in the trees; the Banaks, who wear lumps of fat meat ornamentally in the cartilage of the nose; the forest tribes of Malacca; the wild people of Borneo, whom the Dayaks hunt as though they were monkeys; the hairy Ainos of Yesso, who annually pay their tribute of fish and skin to the Japanese; the pigmy Dokos, south of Abyssinia, whose nails are grown long, like vulture's talons, that they may dig up ants and tear the skin of serpents, which they devour raw; the Veddahs of Ceylon, who have gutturals and grimaces

instead of languages, who have no god, no notions of time or distance, no name for hours, days, and years, and who cannot count above five upon their fingers. Many tribes like these in the lowest mud of barbarism, so far from having traditions or traces of preceding tribes, attribute their origin directly to lions (like the Sahos), to goats (like the Dagalis), or with contented unanimity to the ape, on whose deformed resemblance to themselves they look without any particle of horror and repugnance as on a type to which they are assimilated by their own sordid degradation, fierce equal, and protuberant jaws." These races, without history, irreclaimable, and not merely having a horror for civilization, but deliberately despising it, Mr. Farrar considers to be the primitive races of man, which are now fast disappearing before the advancing civilization of the white races. If, however, we mount to a second stage or stratum of humanity, we again find that difference of aptitude which appears to prove a radical, permanent, and original difference of race. The Chinese are cited as an example by Mr. Farrar. In them it is indeed true that they invented writing, but they stopped at ideography and hieroglyphics; their art had no perspective and no ideality; their science no progressiveness; their religion no enthusiasm; their literature no warmth; their administration no vigour. "Everything in them is marked with the plague spot of utilitarian mediocrity; they reduce everything to the dead level of vulgar practical advantage; and hence the inventions, which they possessed centuries before the Europeans, stop short at the lowest point." Mr. Farrar considers that, the endowments of men being unequal, a strong barrier of religion and right must be reared against the encroachments of the stronger upon their less privileged brethren. Believing, as he states he does, that all men are children of a common Father, and partakers of a common redemption, he does not require the notion of a physical or genetic unity as a motive to philanthropy.—*Med. Times and Gazette*, May 11, 1867.

Care of the Wounded during the late War in Germany.—Col. REILLY, who was sent out by the British War Office as a commissioner to inquire on the spot into the Prussian military system, and, among other matters, to examine carefully into the manner in which the Prussian armies were sup-

plied when well, and tended and cared for when wounded and sick, gives a most unfavourable account of the Prussian field hospitals, and stigmatizes their condition as being worse than that of Scutari during the Crimean war. The sufferings of the wounded Prussians, as well of the numerous wounded Austrians left in the hands of the former, for the care of whom there was no adequate preparation, must have been indescribably severe. But such must always be the case after a bloody contest where numbers are engaged. War is a terrible affair, and the more fully mankind are impressed with that fact, and of the responsibility which those incur who inaugurate a contest, the better will it be for the human family, and the more conducive to the progress of civilization.

Subcutaneous Injection.—A special meeting of the Royal Medical and Chirurgical Society was held on Tuesday last, the 18th inst., to receive the report of the Committee appointed by the Society to investigate the subject of the subcutaneous introduction of drugs into the system. The objects set before the Committee were, the investigation of both the physiological and the therapeutical effects of medicines thus acting upon the system, both as regards intensity and duration, and also in relation to rapidity of absorption. The following alkaloids were experimented with: Aconitine, atropine, morphine, strychnine, quinine; and the Committee also investigated the actions of the following important drugs: Calabar bean, conia, hydrocyanic acid, iodide of potassium, podophyllin, colocynth, aloes, and Battley's solution of opium. The report, which was read in abstract, contrasted the effects of each medicine when taken by the mouth, injected into the rectum and into the subcutaneous cellular tissue, and when printed it will form a valuable mine of therapeutical data. We congratulate the Committee on the successful termination of their arduous labours.—*Lancet*, June 22, 1867.

Fish in an Artesian Well.—Sir CHARLES LYELL, in the new edition of his *Principles of Geology*, notices the discovery of live fish in some artesian wells sunk in the desert of Sahara. They were brought up from a depth of 175 feet, and were not, like those of Adelsburg, blind, but had perfect eyes.

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